DATE



Date

County of Los Angeles Probation Department Operation READ Referral Form



FROM: DPO CHQ/CAU	DCFS [Court School	CBO Other
Referring Person's Name / Title	Work Location	/ CBO Name	Phone Number
Email Address			. <u></u>
Minor's Camp Place	ment	Arrival Date	Projected Release Date
Last Name		First Name	
PDJ # OR DCFS #	Age	Date of Birth	Gender
Street Address		City	Postal Zip Code
Phone Number	Parent / Careg	jiver's Name	
Minor's School	School District	Minor's Grade	e Level Minor's Reading Level
Does Minor receive Special Educati If yes, is the Minor in a Special Day	Class?		Jnknown
	Comme	ents	
			ills, the minor listed above is referred to ek for a minimum of 40 hours to achieve
			after every 20 hours of tutoring services mation about the minor's reading and
Please email all completed referrance OperationREAD@probate County of Los Angeles Probation Department Operation READ Program 9150 E. Imperial Hwy, P-94 Downey, CA 90242		t y.gov Adrian Stacey	y further questions please call: Garcia (562) 940-3773 Mohacsi (562) 940-3848 cFarlane-Sosa (562) 940-3547
Operation READ Staff Only - Referre	d To:		
3.00.00.00.00.00.00.00.00.00.00.00.00.00			
Intake Staff CB	O, Camp, Hall Na	me Community	Site
☐ 6 month Update			

Minor's Initial Score